

A Message From Concepts in Community Living, Inc.

October 1, 2024, to October 1, 2025



opening doors for older adults

At **Concepts in Community Living, Inc.** our goal is to provide a benefit plan that is easy to understand so you can make the most of the benefits we provide. We want to be sure you are receiving the best service and care available. With that in mind, we offer this quick reference guide to understanding your benefits. Any required employee premium contributions are payroll-deducted on a pretax basis. Coverage becomes effective first of the month following 60 days for employees working 30 hours per week.

Highlights

Medical and Vision

Concepts in Community Living, Inc. offers a choice between **4 medical plans**. Choosing the right coverage involves sorting through a lot of information. Each of the plans we offer have a similar level of copays and deductibles, but utilize different networks of providers. Keep reading for a brief description of each plan.

Kaiser HMO – In-Network Only, includes vision benefit.

PacificSource NAVIGATOR Network – This is PacificSource’s primary network, available throughout Oregon. Does NOT include Providence providers. When you enroll with PacificSource, you are also enrolled with VSP for vision.

Account Administration

Concepts in Community Living funds a **Health Reimbursement Account (HRA)** for all employees enrolled in the medical plan. If you incur more than \$750 in deductible expenses, you will be eligible for reimbursement on the following \$1,000 in deductible expenses.

You may choose to set aside money on a pre-tax basis into a **Flexible Spending Account (FSA)** to pay for eligible medical, dental and vision expenses for you and your tax dependents.

If enrolled in the \$3,200 Qualified High Deductible Health Plan. You may choose to set aside money on a pre-tax basis into a **Health Savings Account (HSA)** to pay for eligible medical, dental and vision expenses for you and your tax dependents.

Concepts in Community Living contributes \$500 annually to the **Health Savings Account (HSA)** for all employees enrolled in the \$3,200 Qualified High Deductible Health Plan.

Dental

Dental coverage is provided through Willamette Dental and MetLife. If you choose Willamette Dental, you must stay in-network. MetLife dental allows coverage from any licensed dentist you wish but will have the highest level of coverage when you use an in-network provider.

Life and AD&D

Life/Accidental Death & Dismemberment protects employees and their families from financial hardship in the event of death or dismemberment. Concepts in Community Living, Inc. provides Life and AD&D coverage through Prudential for all eligible employees.

Life Assistance Program (LAP)

This is a prepaid benefit for you and your family. It is a resource for helping employees successfully manage work, personal, legal and life issues. The LAP provides confidential counseling and referral services that can help you, your household members, and dependents develop life management skills needed to enjoy life more fully.

This summary was prepared for Concepts in Community Living, Inc. employees by USI Northwest

For questions regarding your benefits, please refer to the carrier contact sheet included within this guide, or reach out internally to Aerry.

Aerry Rasmussen
503-408-4751

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CCL Corporate Office
Rackleff Place
Rock Cove
Willow Place

GET MORE VALUE FROM YOUR PLANS

Here are a few key points to help you get the most value out of your benefit plans:

Preventive Care is Covered 100%!

Visiting your doctor annually is a key part of staying healthy! Take advantage of the fact that our Medical plan covers 100% of scheduled annual physical exams and cancer screening tests related to the physical exam when you use an in-network provider.



Telemedicine Saves Time and Money!

PacificSource Members: Your PacificSource Plan includes Teladoc! Teladoc physicians are available 24/7 and ready to treat common medical conditions and even prescribe medication. While you would need to pay your regular copay for any medications, the cost of a Teladoc visit is still a significant cost – *and time* – savings compared to making a regular office visit!

Kaiser Members: With Kaiser, you can email your provider anytime! You can also schedule phone or video visits. With Kaiser's Telemedicine program you can manage your care anywhere!

Use the Emergency Room ONLY for Emergencies!

Both PacificSource and Kaiser have Urgent Care locations with convenient evening and weekend hours. If you are unsure what the right option is for you, call the PacificSource advice nurse line toll free at **855-834-6150** or the Kaiser advice nurse line at **800-213-2000**.

Flexible Spending Accounts (FSA)

Don't forget to take advantage of the Health Care Flexible Spending Account for those medical, dental or vision care expenses (copays, deductibles, etc.) that you pay for out-of-pocket. You can set aside up to **\$3,200** per plan year on a **before-tax basis** in order to reimburse yourself for eligible expenses.

Extra Perks!

Your health and life insurance carriers offer a variety of wellness programs! Perks such as:

- Discounted gym memberships,
- Health coaching, classes,
- Community support, and
- Much more!



These programs help you on your journey to total health and many are available to you at low or no cost.

MEDICAL BENEFITS – PacificSource \$2,500

Everyone has different medical benefit needs. Concepts in Community Living offers medical benefits through PacificSource. The PacificSource plan Utilizes the NAVIGATOR Network. To find in-network providers, please visit www.pacificsource.com, and click on 'Find a Doctor'.

	Navigator Network	Out-of-Network
Calendar Year Deductible		
Per Person	\$2,500	
Maximum Per Family	\$5,000	
Deductible Carry Over	Any portion of your deductible that is met in the 4 th quarter will roll over to the next calendar years deductible.	
Calendar Year Out of Pocket Maximum		
Per Person	\$5,500	\$10,500
Maximum Per Family	\$11,000	\$31,500
Preventive Care		
Preventive Physical Exams	Covered in full	20%, deductible waived
Well-Child Care	Covered in full	20%, deductible waived
Preventive Tests	Covered in full	20%, deductible waived
Outpatient Services		
Office Visit – Primary Care	First 3 Visits: \$5 copay, no ded. Visits 4+: \$30 copay, no ded.	\$30 copay + 20%, deductible waived
Office Visit – Specialist	\$30 copay, deductible waived	\$30 copay + 20%, deductible waived
Urgent Care	\$30 copay, deductible waived	\$30 copay + 20%, deductible waived
Diagnostic X-Ray and Lab Tests	1 st \$800: Covered in full \$801+: 20% after deductible	40%, after deductible
Imaging (MRI, CT scans, etc.)	20%, after deductible	40%, after deductible
Physical Therapy	\$30 copay, deductible waived	30%, after deductible
Speech and Occupational Therapy	\$30 copay, deductible waived	30%, after deductible
Hospital/Facility		
Inpatient Care	20%, after deductible	40%, after deductible
Surgery	20%, after deductible	40%, after deductible
Surgery (at Ambulatory Surgery Center)	15%, after deductible	40%, after deductible
Mental Health/Substance Abuse		
Outpatient	First 3 Visits: \$5 copay, no ded. Visits 4+: \$30 copay, no ded.	40%, after deductible
Inpatient	20%, after deductible	40%, after deductible
Emergency Services		
Ambulance (Ground)	20%, after deductible	
Emergency Room	\$250 copay then 20%, after deductible. Copay waived if admitted.	
Alternative Care		
Chiropractic – 20 visit limit per cal. Year	\$15 copay, deductible waived	40%, after deductible
Acupuncture – 12 visit limit per cal. Year	\$15 copay, deductible waived	40%, after deductible
Massage Therapy- 18 visit limit per cal. year	\$25 copay, deductible waived	
Prescription Drugs <i>This plan uses the ODL Drug List</i>		
	Participating Retail Up to 30-day Supply	Participating Mail Order Up to 90-day Supply
Tier 1	\$10 copay	\$20 copay
Tier 2	\$50 copay	\$100 copay
Tier 3	\$75 copay	\$150 copay
Tier 4 / Specialty-30-day supply only	Lesser of \$100 copay or 10%, (only available through CVS)	

MEDICAL BENEFITS – PacificSource \$3,200

Everyone has different medical benefit needs. Concepts in Community Living offers medical benefits through PacificSource. The PacificSource plan Utilizes the NAVIGATOR Network. To find in-network providers, please visit www.pacificsource.com, and click on 'Find a Doctor'.

	Navigator Network	Out-of-Network
Calendar Year Deductible		
Per Person	\$3,200	\$10,000
Maximum Per Family	\$6,400	\$20,000
Calendar Year Out of Pocket Maximum		
Per Person	\$3,200	\$20,000
Maximum Per Family	\$6,400	\$40,000
Preventive Care		
Preventive Physical Exams	Covered in full	50%, after deductible
Well-Child Care	Covered in full	50%, after deductible
Preventive Tests	Covered in full	50%, after deductible
Outpatient Services		
Office Visit – Primary Care or Specialist	100%, after deductible	50%, after deductible
Office Visit – Telehealth	100%, after deductible	50%, after deductible
Urgent Care	100%, after deductible	50%, after deductible
Diagnostic X-Ray and Lab Tests	100%, after deductible	50%, after deductible
Imaging (MRI, CT scans, etc.)	100%, after deductible	50%, after deductible
Physical Therapy	100%, after deductible	50%, after deductible
Speech and Occupational Therapy	100%, after deductible	50%, after deductible
Hospital/Facility		
Inpatient Care	100%, after deductible	50%, after deductible
Surgery	100%, after deductible	50%, after deductible
Surgery (at Ambulatory Surgery Center)	100%, after deductible	50%, after deductible
Mental Health/Substance Abuse		
Outpatient	100%, after deductible	50%, after deductible
Inpatient	100%, after deductible	50%, after deductible
Emergency Services		
Ambulance (Ground)	100%, after deductible	
Emergency Room	100%, after deductible	
Alternative Care		
Chiropractic – 20 visit limit per cal. Year	100%, after deductible	50%, after deductible
Acupuncture – 12 visit limit per cal. Year	100%, after deductible	50%, after deductible
Massage Therapy- 18 visit limit per cal. year	100%, after deductible	50%, after deductible
Prescription Drugs		
<i>This plan uses the ODL Drug List</i>	Participating Retail Up to 30-day Supply	Participating Mail Order Up to 90-day Supply
Tier 1	100%, after deductible	50%, after deductible
Tier 2		
Tier 3		
Tier 4 / Specialty-30-day supply only		Not available in 90-day supply

PacificSource Medical Plan

The PacificSource Unbundled \$2,500 medical plan will pay each claim incurred based on its own service category, rather than the place of service. The PacificSource Qualified High Deductible Health Plan requires the calendar year deductible to be met before PacificSource pays their benefit.

Example #1: Office Visit with Mole Removal

Member discovers they have a suspicious mole and schedules a visit with their doctor. During the visit the doctor examines the mole and decides to biopsy and remove the mole. In this scenario, there are two services incurred – one for an office visit to see the doctor and a second for the surgical procedure of removing the mole.

	Charge	PacificSource Allows	Member Pays w/ \$2500 Plan	Member Pays w/ \$3200 QHDHP Plan
Illustrative Office Visit Charge	\$200	\$170	\$30 copay	\$170 (toward deductible)
Illustrative Charge for Surgical Procedure	\$150	\$0	\$150 (toward deductible)	\$150 (toward deductible)

Example #2: Urgent Care Visit with Lab Test

Member is not feeling well and suspects they have another Urinary Tract Infection. The members goes to an urgent care provider. The doctor orders a lab test at the nearest facility.

	Charge	PacificSource Allows	Member Pays w/ \$2500 Plan	Member Pays w/ \$3200 QHDHP Plan
Illustrative Office Visit Charge	\$275	\$225	\$45 copay	\$225 (toward deductible)
Illustrative Lab Charge	\$150	\$100	\$0 (1 st \$800 in charges are covered in full)	\$100 (toward deductible)

Example #3: Annual visit with medication refill

Member has been diagnosed with Hypertension and has been successful in maintaining their blood pressure with medication. This member's doctor recently retired and they have not yet found a new primary care provider. This member schedules an appointment with a Primary Care provider. After a virtual meeting with the member, the provider submits a new prescription to the member's local pharmacy. The Primary Care Provider can help to manage this member's health on an ongoing basis.

	Charge	PacificSource Allows	Member Pays w/ \$2500 Plan	Member Pays w/ \$3200 QHDHP Plan
Illustrative Office Visit Charge	\$245	\$200	\$30 copay	\$200(toward deductible)
Prescription (Generic)	\$100	\$100	\$10 copay	\$100 (toward deductible)

PacificSource Wellness and Telemedicine



Teladoc: Talk to a Doctor Anytime!

PacificSource members have access to board certified doctors 24 hours a day, 7 days a week, year-round with Teladoc. These physicians provide medical care for adults and children and can treat common medical conditions like sinus problems, ear infections, bronchitis and more! Teladoc physicians can even write prescriptions!

Setting Up Your Account Is Easy:

- Online at www.teladoc.com
- Phone at 855-201-7488
- Mobile App available for iPhone and Android
- **Note:** When asked to enter the name of your employer or insurance carrier, please enter PacificSource



Behavioral Healthcare on Demand!

You now have access to caring and confidential therapy on a schedule that works with your busy life! You can use Teladoc's behavioral healthcare service for adults. Licensed therapists are available 7:00 am-9:00 pm, Pacific Standard Time.

Call: 855-201-7488



Connect With Your Health!

PacificSource members have access to Virgin Pulse, a free health engagement portal that offers personalized guidance and support to live a healthier life! You can get your health questions answered by a coach, complete a health assessment, and even customize your own activity program.

To Set Up your Virgin Pulse Account:

- Visit join.virginpulse.com/pacificsource or open the app
- Select Create Account
- Your member ID will be your 11-digit member number found on your PacificSource Member ID plus the 2-digit ID next to your name
- Follow the progress bar and complete your account setup
- Click Take Me There to sign in

Discounted Gym Membership

PacificSource members are able to participate in the Active & Fit Direct Program. This gives you access to over 9,000 fitness centers and YMCA's!

Simply visit www.pacificsource.com/ActiveandFit



Active and Healthy Discounts

As a PacificSource member, you have many extra wellness benefits available for you to utilize!

Visit: www.pacificsource.com/extras

- Discounted Weight Loss Programs
- Health Education Classes
- Free Tobacco Cessation Program
- And Much More!

MEDICAL BENEFITS – Kaiser Permanente \$2,500

Everyone has different medical benefit needs. Concepts in Community Living offers a medical plan through Kaiser Permanente. This is an HMO plan; you must seek care from an in-network provider to receive coverage.

Kaiser HMO Medical Plan

Kaiser Facilities Only

Calendar Year Deductible		
Per Person		\$2,500
Maximum Per Family		\$7,500
Out-Of-Pocket Maximum		
Per Person		\$5,000
Maximum Per Family		\$10,000
Preventive Care		
Preventive Physical Exams		Covered in full
Well-Child Care		Covered in full
Preventive Tests		Covered in full
Alternative Care		
Chiropractic, Acupuncture, Massage		\$25 copay Chiropractic – 20 visits, Acupuncture/Massage – 12 visits each Choose providers from CHP Group – www.chpgroup.com
Preventive Physical Exams		
Virtual Care: Phone, Video, or Email		Covered in full
Office Visit – Primary Care		First 3 Visits: \$5 copay, no ded. Visits 4+: \$25 copay, no ded.
Office Visit – Specialist		\$35 copay
Urgent Care		\$45 copay
Diagnostic X-Ray and Lab Tests		\$25 copay per department visit
Imaging (MRI, CT Scans, etc.)		\$100 copay per department visit
Physical, Speech, Occupational Therapy		\$35 copay Limited to 20 visits per therapy per year
Hospital/Facility		
Inpatient Care		20%, after deductible
Surgery		20%, after deductible
Mental Health/Substance Abuse		
Outpatient		\$25 copay
Inpatient		20%, after deductible
Emergency Services		
Ambulance (Ground)		20%, after deductible
Emergency Room		20%, after deductible
Vision Benefits		
	Adults (Age 19+)	Children
Exam	\$25 copay	Covered in Full
Hardware: glasses, frames, and contacts	\$150 allowance every 2 years	Covered in Full every 12 months
Prescription Drugs		
	Kaiser Retail Pharmacies	Kaiser Mail Order
Generic	\$20 copay	\$40 copay
Preferred	\$40 copay	\$80 copay
Non-Preferred or Specialty	\$60 copay	\$120 copay
Days in Supply	30 days	90 days



MEDICAL BENEFITS – Kaiser Permanente \$3,200

Everyone has different medical benefit needs. Concepts in Community Living offers a medical plan through Kaiser Permanente. This is an HMO plan; you must seek care from an in-network provider to receive coverage.

Kaiser HMO Medical Plan

Kaiser Facilities Only

Calendar Year Deductible		
Per Person		\$3,200
Maximum Per Family		\$6,400
Out-Of-Pocket Maximum		
Per Person		\$5,600
Maximum Per Family		\$11,200
Preventive Care		
Preventive Physical Exams		Covered in full
Well-Child Care		Covered in full
Preventive Tests		Covered in full
Alternative Care		
Chiropractic, Acupuncture, Massage		\$25 copay Chiropractic – 20 visits, Acupuncture/Massage – 12 visits each Choose providers from CHP Group – www.chpgroup.com
Preventive Physical Exams		
Virtual Care: Phone, Video, or Email		Covered in full
Office Visit – Primary Care		First 3 Visits: \$5 copay, after deductible Visits 4+: 20%, after deductible
Office Visit – Specialist		20%, after deductible
Urgent Care		20%, after deductible
Diagnostic X-Ray and Lab Tests		20%, after deductible
Imaging (MRI, CT Scans, etc.)		20%, after deductible
Physical, Speech, Occupational Therapy		20%, after deductible <i>Limited to 20 visits per therapy per year</i>
Hospital/Facility		
Inpatient Care		20%, after deductible
Surgery		20%, after deductible
Mental Health/Substance Abuse		
Outpatient		First 3 Visits: \$5 copay, after deductible Visits 4+: 20%, after deductible
Inpatient		20%, after deductible
Emergency Services		
Ambulance (Ground)		20%, after deductible
Emergency Room		20%, after deductible
Vision Benefits		
	Adults (Age 19+)	Children
Exam	20%, after deductible	Covered in Full
Hardware: glasses, frames, and contacts	\$150 allowance every 2 years	Covered in Full every 12 months
Prescription Drugs		
	Kaiser Retail Pharmacies	Kaiser Mail Order
Generic	\$20 copay, after deductible	\$40 copay, after deductible
Preferred	\$40 copay, after deductible	\$80 copay, after deductible
Non-Preferred or Specialty	\$60 copay, after deductible	\$120 copay, after deductible
Days in Supply	30 days	90 days



MEDICAL BENEFITS – Kaiser Senior Advantage Plan

To be eligible to enroll in the **Kaiser Senior Advantage Plan**, you must have both **Medicare Part A and Part B**. A separate application is required. If you are interested in moving into the Senior Advantage Plan, please see HR to complete the necessary paperwork.

Kaiser HMO Medical Plan

Kaiser Facilities Only

Calendar Year Deductible		
Per Person	None	
Out-Of-Pocket Maximum		
Per Person	\$600	
Preventive Care		
Preventive X-Ray and Lab Tests	Covered in full	
Immunizations	Covered in full	
Routine Physical Exams	Covered in full	
Alternative Care		
Chiropractic, Acupuncture, Massage	\$25 copay, up to \$1,000 maximum per calendar year (12 visits max for massage) Choose providers from CHP Group – www.chpgroup.com	
Outpatient Services		
Virtual Care: Phone, Video, or Email	Covered in full	
Office Visit – Primary Care	\$10 copay	
Office Visit – Specialist	\$15 copay	
Urgent Care	\$15 copay	
Diagnostic X-Ray and Lab Tests	Covered in full	
Imaging (MRI, CT Scans, etc.)	Covered in full	
Physical, Speech, Occupational Therapy	\$15 copay	
Hospital/Facility		
Inpatient Care	\$100 copay per admission	
Surgery	\$50 copay	
Mental Health/Substance Abuse		
Outpatient	\$10 copay	
Inpatient	\$100 copay per admission	
Emergency Services		
Ambulance (Ground)	\$50 copay, per transport	
Emergency Room	\$50 copay, waived if admitted	
Vision Benefits		
Exam	\$10 copay	
Hardware: glasses, frames, and contacts	\$150 allowance every 2 years	
Prescription Drugs		
	Kaiser Retail Pharmacies	Kaiser Mail Order
Generic	\$5 copay	\$10 copay
Preferred Brand	\$10 copay	\$20 copay
Days in Supply	30 days	90 days

After you have paid \$8,000 in true out-of-pocket cost for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or \$3 generic and \$7 brand per prescription. The better of Part D and standard formulary applies. We cover non-formulary drugs only when you meet exception criteria.



Kaiser Permanente Wellness Resources

Health Engagement and Wellness Services

Visit www.kp.org/healthengagement to sign up for a free class, make an appointment with a health coach and find information on a wide variety of wellness topics such as nutrition, healthy eating, pain management, stress and much more!

ChooseHealthy Program

Members can access these programs by visiting www.kp.org/exercise

ChooseHealthy – Alternative Care and Fitness Discounts

- 25% off chiropractic, acupuncture and massage therapy
- 20% off activity trackers from brands like Fitbit and Garmin
- 30-55% off workout apparel
- 30% off exercise equipment

ClassPass – Virtual Online Workout Classes

Access unlimited on-demand video workouts at no cost! ClassPass partners with 30,000 gyms and studios around the world, offering a range of classes that include yoga, dance, cardio, boxing, Pilates, boot camp, and more.

Active&Fit Direct – Gym Membership

Kaiser members are able to participate in the Active&Fit Direct Program. This gives members access to over 11,000 participating fitness centers!

Mental Health Apps

KP.org/selfcareapps

Calm offers guided meditations, sleep stories narrated by celebrities, mindful movement videos and more!

myStrength is designed to help you set and work toward your goals by offering personalized programs with interactive activities, daily health trackers, in the moment coping tools and more!



Kaiser Permanente Right Care at the Right Time

One of the most challenging things about managing your healthcare is fitting it into your busy schedule! Kaiser members have support in getting the right care at the right time. This includes phone and video appointments which you can attend from almost anywhere!

Manage Your Care Online

You can manage the basics of your care and even email your provider online at www.kp.org or through the Kaiser Permanente app, available for Android and iPhones.

- Email your provider health questions and concerns
- See your health record and health action plan
- Order prescription refills
- View lab and test results
- Schedule appointments
- View Bills and your Explanation of Benefits

Video and Telephone Visits

Get the care you need on the schedule you want! For basic health concerns such as pinkeye, rashes, allergies and more, you have access to phone or video visits with your provider. Using your computer or cellphone, you'll have access to on-demand care.

Visit: www.kp.org/registernow

24-Hour Nurse Line

Unsure about what medication to take to treat your cold?
Concerned about an emergent health issue? Wondering if you need to go to the emergency room?
Call 24-hours a day and a registered nurse will be able to answer your questions and determine the best course of care.

Call: 800-813-2000

Urgent Care

Kaiser members have access to many Urgent Care locations. All with weekend and evening hours. Urgent Care is a great option for prompt medical care for non-emergencies. You'll save money and time over using the emergency room.

Remember, in the case of a true emergency, call 911 or go to your nearest hospital!

For locations visit: www.kp.org



HEALTH REIMBURSEMENT ACCOUNT (HRA)

All employees who enroll in the Concepts in Community Livings Medical Plan(s) – **\$2,500 PacificSource or \$2,500 Kaiser** – will also be enrolled in the Health Reimbursement Account (HRA), administered by PacificSource Administrators and fully funded by Concepts in Community Living.

What is an HRA?

Funds from Concepts in Community Living to help pay your deductible expenses!

Your Individual Plan Deductible Is \$2,500		
You Pay: The First \$750 in Deductible Expenses	HRA Pays: The Next \$1,000 in Deductible Expenses	You Pay: The Final \$750 in Deductible Expenses

Is My Family Eligible?

Yes! A family maximum of **\$3,000** in deductible expenses is eligible to be reimbursed.

Note: Funding for the deductible expenses will be tracked per person.

What Is My Plan Name?

You will receive correspondence from PacificSource Administrators which will reference an **Individual A** – which is what PacificSource Administrators calls your ‘HRA’. When you submit claims online, or check your balance, you will need to know and recognize this plan name for your HRA.

Deductible HRA Plan Name = Individual A ✓

How Do I Get Reimbursed?

In order to receive your HRA benefit, you will need to submit your Explanation of Benefits (EOB) using one of the **four** methods listed below:

Tip! Here’s where you’ll need to know your HRA plan name!

- Online** through MyFlex at <https://psa.pacificsource.com/PSA/>
- Fax** Reimbursement Form & Explanation of Benefits (EOB) to 866-446-6090;
- Mail** Reimbursement Form & EOB to PO Box 2797, Portland, OR 97208;
- EasyPay** (for PacificSource Medical Members ONLY) – sign up online through pacificsource.com and be automatically reimbursed as your claims are processed. **Please note, this option is only available if you do not use the FSA Debit Card.**

When Can I Be Reimbursed?

HRA Funds are available on a **plan year** schedule. (October 1st, 2024 – September 30th, 2025).

Don’t miss your opportunity to be reimbursed!

Expenses Incurred:	Request for Reimbursement Deadline:
October 1 st – September 30 th	December 31 st

Where Do I Find My Explanation of Benefits? (EOB)

Kaiser Members: You can find your EOB under the coverage and costs tab – just visit: www.kp.org or use the Kaiser mobile app!

PacificSource Members: You can find your EOB on your InTouch account at www.pacificsource.com!



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the **PacificSource \$3,200 OR Kaiser \$3,200 Qualified High Deductible PPO plan**, you may be eligible to open a health savings account (HSA). With an HSA, you can set aside money through pre-tax payroll deductions to pay for your eligible health care expenses, up to the IRS limits shown below.

Coverage Tier	2024 Calendar Year Maximum Contribution*	Concepts in Community Living Contribution per plan year (October – September)
Employee Only	\$4,150	\$500, annual contribution
Employee + Dependents	\$8,300	

* If you are 55 or older, you may make an additional “catch-up” contribution of up to \$1,000 per calendar year. If you open your HSA after the calendar year has started, your maximum contribution for that year will be prorated based on number of months left in the year. For example, if you open your HSA as of September 1, you may not contribute more than 4/12 of the maximums shown above.

HSA Advantages	HSA Rules
<ul style="list-style-type: none"> The money put in your HSA is exempt from all federal taxes—and it stays tax-free as long as you spend it on qualified health care expenses. Any money you haven’t spent at the end of the plan year will stay in your account. You don’t have to “use it or lose it,” as you do with a health care flexible spending account. The money in your HSA always belongs entirely to you—when you leave employment, you can take your account with you. HSA funds can also be used to pay for COBRA coverage, Medicare premiums and expenses, or long-term care insurance. Once your HSA balance reaches \$3,000, you can invest the money in a selection of funds. 	<p>You can contribute money to an HSA if:</p> <ul style="list-style-type: none"> You are enrolled in a qualified high-deductible health plan. You are not covered by any other medical plan, unless it is also a qualified high-deductible health plan. You are not enrolled in Medicare. You do not receive benefits under TRICARE. You cannot be claimed as a dependent on another person’s tax return. You and your covered dependents do not participate in a health care flexible spending account, unless it is a “limited use FSA” that restricts reimbursements to certain benefits (such as dental and vision services). <p>These are just the general guidelines. Please consult a tax professional for more information.</p>

You will receive an HSA debit card from HSA Bank that you can use at medical, dental, and vision providers to pay for qualified health care expenses. The card is also accepted by most pharmacies.

Click the images below or scan the QR Code to see brief videos for more about HSAs.



DENTAL BENEFITS – Willamette Dental

Regular dental care is essential to good health! Concepts in Community Living provides you with an opportunity to purchase dental coverage with Willamette Dental.



Predictable Costs and No Benefit Maximum

Willamette Dental's services are based on low copays and there is no maximum benefit. Your out-of-pocket expenses are predictable.

Unlimited Orthodontia for All!

The affordable Orthodontia benefit is available to both Adults and Children.

Willamette Dental Network Only

If you enroll in the Willamette Dental benefit plan, you will only have coverage at Willamette Dental facilities. Don't worry – there are over 50 offices across Oregon, Washington and Idaho!



To find an office near you visit www.willamettedental.com or call (855) 433-6825

Willamette Dental Plan

Willamette Dental Facilities Only

Office Visit Copay	
Office Visit Copay	\$15 copay per Office Visit
Preventive Care	
Routine Exams	Covered in Full
Teeth Cleaning and Fluoride Treatment	Covered in Full
X-Rays	Covered in Full
Routine Extraction (<i>Single Tooth</i>)	Covered in Full
Outpatient Services	
Fillings	Covered in full
Porcelain-Metal Crowns	\$200 copay
Complete Upper or Lower Denture	\$300 copay
Bridge (<i>Per Tooth</i>)	\$200 copay
Root Canal Therapy (<i>Anterior, Bicuspid, Molar</i>)	\$85, \$105, \$180 copay
Root Planing	\$50 copay
Osseous Surgery (Per Quadrant)	\$150 copay
Surgical Extractions	\$75 copay
Implants	Covered up to \$1,500 benefit per calendar year <i>Limited to one implant per calendar year</i>
Other Plan Features	
Specialist Office Visit	\$30 copay
Nitrous Oxide	\$10 copay
Out-of-Area Emergency Services	Up to a \$150 Reimbursement
Orthodontia: Adults and Children	
Pre-Treatment	\$150 copay
Orthodontic Treatment	Covered in full, after a \$2,000 copay <i>Includes pre-treatment copay</i>

DENTAL BENEFITS – MetLife

Regular dental care is essential to good health! Concepts in Community Living provides you with an opportunity to purchase dental coverage with MetLife.



Freedom without Compromise

Take advantage of what this plan has to offer, including the freedom to visit the dentist of your choice!
Reminder: you will always receive the richest benefit when seeing an in-network provider!

Cost Saving Tips: You're in Control!

Choosing a Provider

If you choose a non-participating dentist, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service. You can avoid this by seeing an in-network PPO.



You can find an in-network dentist by visiting www.metdental.com

Pre-Treatment Estimate

If dental work is required, request a pretreatment estimate from your provider. Simply submit your treatment estimate to MetLife, then you and your dentist can review your costs before treatment.

MetLife Preferred Dentist Program	In-Network PDP Network	Out-Of-Network Providers*
Calendar Year Deductible	\$50 / \$150	
Benefit Maximum	\$1,500 per Member	
Preventive Care – Type A		
Routine Exams and Cleanings <i>1 every 6 months</i>	20% after deductible	20% after deductible
Topical Fluoride Treatments		
X-Rays		
Space Maintainers		
Sealants		
Basic Services – Type B		
Periodontal Maintenance, Root Planing & Scaling	20% after deductible	20% after deductible
Periodontal Surgery		
Amalgam & Composite Fillings		
Simple & Surgical Extractions		
Root Canals		
Crown Repair		
General Anesthesia		
Major Services – Type C		
Crowns	50% after deductible	50% after deductible
Dentures		
Bridges		

*Out-of-Network benefits calculated on R&C. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).
 You may be responsible for balance billing when seeking services out-of-network.



VISION BENEFITS – VSP

Concepts in Community Living offers a comprehensive vision benefit through Vision Service Plan (VSP). When you enroll in the **PacificSource Medical Plan**, you will automatically be enrolled in VSP.



Using Your Vision Benefit Is Easy!

To find an eye care provider or to review your plan coverage before an appointment, visit www.vsp.com or call **1-800-877-7195**.

Prefer to Shop Online? Visit: www.eyeconic.com

Maximize Your Benefits!

Going to an In-Network provider will maximize your benefits and cut down on out-of-pocket costs.

	VSP Choice Network In-Network	Out-of-Network
Well Vision Exam		
Benefit	\$10 Copay	Up to \$45 Reimbursement
Frequency	Every 12 months	
Lenses		
Single vision, Lined Bifocal, Lined Trifocal, Polycarbonate lenses for children, Standard Progressive	Covered in full after \$25 copay	\$30 - \$65 Reimbursements
Premium Progressive	\$95 - \$105 copay	
Custom Progressive	\$150 - \$175 copay	
Frequency	Every 12 months	
Frames		
Benefit	\$175 Allowance, after \$25 copay <i>Extra \$20 allowance on select frames!</i>	Up to \$70 Reimbursement
Costco Allowance	Up to \$95	
Frequency	Every 12 months	
Contact Lenses: In Lieu Of Glasses		
Fitting and Evaluation	Up to a \$60 copay	Up to \$105 Reimbursement for all Contact Lens Related Services
Lenses	\$150 Allowance	
Frequency	Every 12 months	
Other Services and Features		
Diabetic Eyecare Plus Program	\$20 copay for services related to diabetic eye disease, glaucoma, age-related macular degeneration, and retinal screening for members with diabetes	
Laser Vision Correction	15% Discount on Regularly Priced Correction	
Digital Hearing Aids	Up to 60% off Digital Hearing Aids through TruHearing	
Extra Savings	Visit www.vsp.com/specialoffers for even more discounts!	

BASIC GROUP LIFE and AD&D BENEFITS – Prudential

Concepts in Community Living offers Life and Accidental Death & Dismemberment Insurance **at no additional cost** to all benefit eligible employees.

Life Insurance	
Employee Benefit	<ul style="list-style-type: none"> • Directors & Home Office Employees: 2x Annual Compensation up to \$100,000 • Nurses (RN, LPN): Flat \$50,000 • All Other Benefit-Eligible Employees: Flat \$10,000
Accidental Death and Dismemberment	
Employee Benefit	Equal to Life Benefit Amount
Dismemberment Benefit	Benefit paid is a percentage of the Life Amount, based on loss. See Certificate for additional details.
Additional Information	
Age Reduction	Age 65: Full Benefit Available Age 70: Benefits reduce to 65% of original amount Age 75: Benefits reduce to 50% of original amount
Accelerated Death Benefit	If you are diagnosed terminally ill with a life expectancy of 12 months or less, you may apply for up to 80% of your benefit to be paid to you. The remaining amount is payable to your beneficiary upon your death
Conversion	If group life coverage ends, your employment or benefit eligibility ends, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Premiums may change at this time, and terms of coverage are subject to change.
Beneficiary	Complete a beneficiary designation form and submit it to Human Resources. This can be updated at any time throughout the year.

VOLUNTARY LIFE and AD&D BENEFITS – Prudential

Concepts in Community Living offers Voluntary Life and AD&D Insurance for you and your family at a discounted group rate. This coverage will provide a benefit in the event of a death.

Open Enrollment Only! If you are currently enrolled, you may increase your current coverage by \$50,000. Your total coverage may not exceed the Guaranteed Issue Amount, without providing proof of good health to Prudential.

Employee	
Benefit Amount	Increments of \$10,000
Overall Maximum	\$500,000
Guarantee Issue	\$200,000
Spouse or Domestic Partner	
Benefit Amount	Increments of \$10,000
Overall Maximum	\$500,000
Guarantee Issue	\$30,000
Children	
Benefit Amount	Flat \$2,000, \$5,000 or \$10,000
Guarantee Issue	\$10,000
Additional Information	
Accidental Death Benefit	In the event of an accidental death, the benefit may double. Please see your booklet for further details.
Dismemberment	Benefit paid is a percentage of the Life Amount, based on loss. See Certificate for additional details.
Accelerated Death Benefit	If you are diagnosed terminally ill with a life expectancy of 12 months or less, you may apply for up to 80% of your benefit to be paid to you. The remaining amount is payable to your beneficiary upon your death
Age Reduction	Age 65: Benefits do NOT reduce until age 70 Age 70: Benefits reduce to 65% of original amount Age 75: Benefits reduce to 50% of original amount

ENROLLMENT AND COST

Employees may enroll in the Voluntary Life plan and/or the Voluntary AD&D plan.

Life Enrollment – Employee may purchase coverage for spouse and children without purchasing additional coverage for self. To cover children, either the Employee or Spouse must purchase Voluntary Life.

AD&D Enrollment – Employee must purchase coverage for self in order to cover spouse and / or children. The spouse amount may not exceed the Employee amount.

Life per \$10,000	Employee	Spouse	Life per \$10,000	Employee	Spouse
Under age 39	\$0.86	\$0.86	70-74	\$31.92	\$31.92
40-44	\$1.90	\$1.90	75-79	\$52.73	\$52.73
45-49	\$3.33	\$3.33	80-84	\$52.73	\$52.73
50-54	\$5.61	\$5.61	85-89	\$52.73	\$52.73
55-59	\$9.69	\$9.69	90-94	\$52.73	\$52.73
60-64	\$11.21	\$11.21	95+	\$52.73	\$52.73
65-69	\$19.67	\$19.67	Child(ren)	\$0.19 per \$1,000	
AD&D per \$10,000 (No EOI Required)			\$0.30, All Ages		

Additional Benefits – Prudential

Employees of Concepts in Community Living have access to a multitude of free benefits from Prudential.

CONTACT INFORMATION

Phone: (800) 311-4327

www.guidanceresources.com

Web ID: GRE311

Life Assistance Program

The LAP is a **free** and **confidential** resource for employees and their family members, no information is shared with the employer.

- Up to 3 face-to-face counseling sessions per issue, per year.
- Free 30-minute legal consultation, plus a 25% discount off standard hourly fee.
- Free financial consultation to discuss tax questions, estate planning, retirement planning, etc...

Available 24/7: (800) 311-4327 | Website: guidanceresources.com

Your company Web ID: GRE311

IMG Travel Assistance

Available when you are traveling more than 100 miles from home, Prudential will provide travel assistance. Pre-trip planning services and assistance in dealing with unexpected issues that arise during travel.

Available 24/7: (855)847-2194 | Email: assist@imglobal.com

Indicate you are a member of the Prudential IMG Travel Assistance Services, Group #57

Wellthy

What is Wellthy?

Wellthy helps individuals and families manage and coordinate care for chronically ill, aging, or disabled loved ones.

Care Plan Builder

Families can leverage suggested tasks to formulate a plan and ensure they're considering all of the variables of care.

Shared Calendar

The shared calendar makes it simple to coordinate schedules, add notes or reminders, and stay on top of appointments.

Medication and Contact Trackers

Wellthy's integrated trackers offer employees the ability to store and manage prescriptions and contacts with ease.

Can access through the digital portal with Prudential



VOLUNTARY PRODUCTS – Colonial life

As a benefit eligible employee, you have the opportunity to purchase additional coverage that meets your needs through Colonial.

To enroll with Colonial, you may wish to meet with a representative who will review plan options and costs specific to you. You may request an interest form from Human Resources.

- **All plans are employee paid and can be designed to meet your needs!**
- **Even if you leave your employer, you may take the plans with you!**
- **If you enroll in Colonial, your premium will be deducted from your paycheck!**



Short Term Disability – Support for When an Injury or Illness Occurs

Replaces a portion of employee's income if they become disabled. You can choose the amount of the benefit, subject to income.

Note: A Pre-existing condition clause applies to all applicants.



Medical Bridge – Offset Medical Costs Insurance May Not Cover

This hospital confinement indemnity insurance provides a lump-sum benefit to help offset costs not covered by medical plans.



Accident Insurance – Accidents Can Happen Anytime, Anywhere

Does your family participate in an active lifestyle that could lead to injury? This insurance offsets the unexpected medical expenses resulting from a fracture, dislocation or other covered accidental injuries! Applies to initial care, surgery, transportation and lodging, and follow-up care.



Critical Illness 1.0 – Serious Illnesses Call for Serious Protection

This complements major medical coverage by providing a lump-sum benefit if you're diagnosed with a covered critical illness such as: heart attack, end stage renal failure, coronary artery bypass surgery, stroke, major organ transplant, or cancer.

FLEXIBLE SPENDING ACCOUNTS (FSA)



You can fund your out-of-pocket health care expenses with pre-tax money through a Flexible Spending Account (FSA), administered by PacificSource Administrators (PSA).

What is a Medical Flexible Spending Account?

A Flexible Spending Account (FSA) also known as a Health Reimbursement Expense Account (HRE) allows you to set aside, up to **\$3,200**, deducted pre-tax from your paycheck, into an account to reimburse yourself for qualified expenses. Your full election amount is available on the first day of the plan year (**October 1st**).

Remember: Your election from last year will not rollover to the new plan.

Why Use An FSA?

Using an FSA can save you money! See this grid as a helpful example:

	No FSA	FSA
Gross Monthly Salary	\$1,500	\$1,500
Pre-Tax Insurance	\$0	-\$200
Adjusted Salary	\$1,500	\$1,300
Income Tax	-\$450	-\$390
Net Monthly Salary	\$1,050	\$910
After-Tax Insurance	-\$200	\$0
Monthly Take-Home Pay	\$850	\$910
What You Saved	\$60 per month /\$720 per year	

What are Eligible Expenses?

Medical, dental, and vision expenses for you and your eligible tax dependents! Items such as: Copays or coinsurance, prescription medicines and drugs, hearing aids, orthopedic goods, prosthetic devices, doctors, dentists, orthodontics, osteopaths, chiropractors, optometrists, ophthalmologists, opticians, eyeglasses

Note: IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex plan unless they qualify as a tax dependent under Code Section 152.

How Can I Use My Funds?

- **FSA Debit Card:** This is a special debit card that can be charged just like a regular card!
- **Easy Pay:** PacificSource Members enrolled in EasyPay will be automatically reimbursed from their FSA account after the HRA has paid. Note: EasyPay is available for *PacificSource medical members only*. **Please note**, if you elect this option you will not be eligible for a BennyCard.
- Pay for eligible expenses out of pocket and **submit for reimbursement** directly from PacificSource Administrators. Visit: www.psa.pacificsource.com or Call **800-422-7038**

Roll-Over Benefit

If you have an unspent balance of \$640 or less left in your FSA at the end of the plan year (9/30/2025), it will 'roll-over' and can be used for expenses incurred in the following year!

Any amount left in your account in excess of \$640 will be forfeited.

What is a Dependent Care FSA?

A Dependent Care Flexible Spending Account, also known as a Dependent Care Account (DCE) allows you to set aside up to **\$5,000** for eligible dependent care expenses allowing you or your spouse to work, look for work, or attend school full-time. The DCE Plan Year runs from **10/1** through **9/30** each year.

Employee Benefit Contacts



Concepts in Community Living, Inc. is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the **Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm** Mountain, Pacific and Alaska Standard Time at **866-468-7272** or via e-mail at **BRCWest@usi.com** If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier	Type of Coverage	Group Number	Contact Information	
Kaiser Permanente	Medical HMO	496-AK	www.kp.org	(800) 813-2000
PacificSource	Medical PPO	G0032150	www.pacificsource.com	(800) 624-6052
Teladoc	Telehealth Virtual Care	N/A	www.teladoc.com	(855) 201-7488
MetLife	Dental PPO	KM05712114	www.metlife.com/dental	(800) 942-0854
Willamette Dental	Dental DMO	Z600X	www.willamettedental.com	(855) 433-6825
VSP	Vision	12077601	www.vsp.com	(800) 877-7195
Prudential LAP	Employee Assistance Program (EAP)	"LeadingAge"	www.guidanceresources.com Web ID: GRE311	(800) 311-4327
Colonial Life	Voluntary Products	N/A	Service@colonialpd.com	(800) 325-4368
PacificSource Administrators	Health Reimbursement Account (HRA) & Flexible Spending Account (FSA)	HRA / FSA	https://psa.pacificsource.com	(800) 422-7038
HSA Bank	Health Savings Account (HSA)	N/A	https://www.hsabank.com	(800) 357-6246

USI Broker Contacts

Chase McCarthy, Vice President & Consultant	chase.mccarthy@usi.com	Direct: (503) 295-6367 Toll-Free: (800) 251-4246
Brysis Boyd Vice President & Team Lead	brysis.boyd@usi.com	Direct: (503) 295-6372 Toll-Free: (800) 251-4246
Alicia Childers Account Manager	alicia.childers@usi.com	Direct: (503) 295-9393 Toll-Free: (800) 251-4246
Christina Garcilazo Account Manager	christina.garcilazo@usi.com	Direct Line: (503) 299-3404 Toll-Free: (800) 251-4246

This brochure summarizes the benefit plans that are available to Concepts in Community Living, Inc.'s eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.